

**FULLY DEVELOPED CLAIM CERTIFICATION
(PENSION)**

Name _____

Date _____

Claim Number _____

Social Security Number _____

Your signature on this response will not affect:

- Whether or not you are entitled to VA benefits;
- The amount of benefits to which you may be entitled;
- The assistance VA will provide you in obtaining evidence to support your claim; or
- The date any benefits will begin if your claim is granted.

I have enclosed all the information or evidence that will support my claim to include identifying records from Federal treating facilities, or I have no information or evidence to give VA to support my claim. Please decide my claim as soon as possible.

Claimant/Representative's Signature

Date